

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG750 01 MAY 31 PM 2:11
 ROTEL Communications
 4783 Watermark Lane
 Sarasota, FL 34238-4300
 DEPOSIT DATE
D076 JUN 05 2001

FOR PSC USE ONLY
 Check# 3223
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 5/29/01
 Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|---|-----------------|
| 1. | Gross Operating Revenue (Florida) <i>2 mo. JAN, Feb '01</i> | \$ <u>57.25</u> |
| 2. | Gross Intrastate Revenue | <u>- 0 -</u> |
| 3. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | <u>(262)</u> |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ <u>0</u> |
| 5. | Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015) | <u>0</u> |
| 6. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | _____ |
| 7. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | _____ |
| 8. | TOTAL AMOUNT DUE | \$ <u>50.00</u> |

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, **THE MINIMUM ANNUAL FEE IS \$50**

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return ~ 0 -

* These amounts must be intrastate only and must be verifiable.

APP _____
 CAF _____
 CMT the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.
 CTR _____
 ECR PAT ROMANO _____
 LEG _____ (Signature of Company Official)
 OPC _____
 PAI PAT ROMANO _____ (Preparer of Form - Please Print Name)
 RGO _____
 SEC _____
 SER _____
 OTH _____

PRESIDENT _____ (Title)
5/25/01 _____ (Date)
 Telephone Number 941, 926-4732 Fax Number _____
 F.E.I. No. 59-2842537

DOCUMENT NUMBER-DATE

06946 JUN-40

FPSC-RECORDS REPORTING